

Freedom of Information Request	FOI 23-155	13 <sup>th</sup> April 2023
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**I would like to know:**

**Q1**

**a) Is 3D printing technology being used at your facilities?**

**Yes**

**No ✓**

**If the answer to Q1a is Yes then skip to Q2.**

**If the answer to Q1a is No then:**

**b) Do you plan on utilizing 3D Printing technology in the near future?**

**Yes**

**No ✓**

**If the answer to Q1b is No then you may skip the rest of the questionnaire.**

**If the answer to Q1b is Yes then:**

**c) What part(s) do you intent to 3D print (e.g. Prosthetic limbs, hearing aids etc.)?**

**Q2) What 3D Printers are being used for producing the parts (Brand name & model)?**

**Q3) What type of parts/products are being printed (e.g. Prosthetic hand, prosthetic leg, splint, hip joint etc.) Please be specific.**

**Q4) What materials are being commonly used for 3D printing at your facilities?**

**Q5) What ISO standards and/or other ASTM/BS standards are being followed when producing the parts/products?**

**Q6) Please briefly describe the ethics process that is required for using 3D printing parts in patients?**

**I would be interested in any information held by your organization regarding my request. If you need further clarification, please contact me by email.**